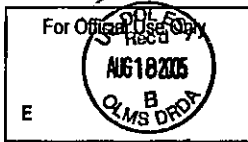


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9611</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Randy</u> <u>Sconyers</u> P O Box Bldg Room No if any Street <u>1360 Westland Road NW</u> City <u>Cedar Rapids</u> State <u>Iowa</u> ZIP Code + 4 <u>52405</u>	4 Name file number and address of labor organization Name <u>Sheet Metal Workers AFL/CIO Local Union 263</u> Labor Organization File Number <u>023 962</u> P O Box Building and Room Number if any Street <u>1211 Wiley Blvd SW</u> City <u>Cedar Rapids</u> State <u>Iowa</u> ZIP Code + 4 <u>52404-1320</u>
5 Position in labor organization <u>Union President</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Information on this form is my best present recollection  
Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

*Randy A Sconyers*

On

8-8-05  
Date

319 3904719  
Telephone Number

Name of Person Filing <b>Randy Sconyers</b>	File Number <b>U</b>
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<p><b>8 Name and address of Business (including trade name if any)</b></p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p><b>9 Business deals with</b></p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p><b>10 If 9 b or 9 c is checked give trust or employer's name</b></p> <p>Name <input style="width: 80%;" type="text" value="Sheet Metal Workers Local Union"/></p> <p>Trade Name if any <input style="width: 80%;" type="text" value="No 263 Health and Welfare Plan"/></p> <p>P O Box Bldg Room No if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="1211 Wiley Blvd SW"/></p> <p>City <input style="width: 80%;" type="text" value="Cedar Rapids"/></p> <p>State <input style="width: 20%;" type="text" value="Iowa"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="52404"/></p>	<p><b>11 a Nature of such dealing</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <p>1 See schedule from Form LM-10 - Part B attached</p> <p>Union Trustee on Joint Board of Trustees which administers Plan</p> </div> <p><b>11 b Approximate dollar value of such dealing</b> <input style="width: 100px;" type="text"/></p> <p><b>12 a Nature of interest held or income received</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <p>1 See schedule from Form LM-10 - Part B attached</p> </div> <p><b>12 b Amount</b> <input style="width: 100px;" type="text" value="\$658"/></p>

<p><b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b></p>	
<p><b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b></p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p><b>14 a Nature of payment</b></p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p><b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	<p><b>14 b Amount of payment</b> <input style="width: 100px;" type="text"/></p>

## Part B

Name of Reporting Employer Sheet Metal Workers Local Union No 263	File Number
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8 a <input checked="" type="checkbox"/>	ITEM 8 b <input type="checkbox"/>	ITEM 8 c <input type="checkbox"/>	ITEM 8 d <input type="checkbox"/>	ITEM 8 e <input type="checkbox"/>	ITEM 8 f <input type="checkbox"/>
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9 a <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both		9 c Position in labor organization or with employer (if an independent labor consultant so state) <u>Job Site Union Sheet Metal Worker</u>
9 b Name and address of person with whom or through whom a separate agreement was made or to whom payments were made  Name <u>Randy</u> <u>Sconyers</u>  P O Box Building and Room Number if any <u></u> Street <u>1360 Westland Road NW</u> City <u>Cedar Rapids</u> State <u>Iowa</u> ZIP Code + 4 <u>52405</u>		9 d Name and address of firm or labor organization with whom employed or affiliated  Organization <u>D&amp;S Sheet Metal</u>  P O Box Building and Room Number if any <u></u> Street <u>5805 Locust Road SW</u> City <u>Cedar Rapids</u> State <u>Iowa</u> ZIP Code + 4 <u>52404</u>
10 a Date of the promise agreement or arrangement pursuant to which payments or expenditures were agreed to or made  <u>None</u>		10 b The promise agreement or arrangement was <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Both ("Written agreements entered into during the fiscal year must be attached")
11 a Date of each payment or expenditure (mm/dd/yyyy) <u>02/04/2004</u> <u>05/13/2004</u> <u>11/03/2004</u> <u></u> <u></u>	11 b Amount of each payment or expenditure <u>210</u> <u>237</u> <u>211</u> <u></u> <u></u>	11 c Kind of each payment or expenditure (Specify whether payment or loan and whether in cash or property) <u>Payment Cash</u> <u>Payment Cash</u> <u>Payment Cash</u> <u></u> <u></u>
12 Explain fully the circumstances of all payments including the terms of any oral agreement or understanding pursuant to which they were made <u>Lost time</u>           		